

## **ELECTIVE (SSC5b) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Having just passed my exams to become a doctor, I was quite apprehensive yet excited to start my elective at East Surrey. Prior to medicine, I had worked as a healthcare assistant at a DGH and I loved it, and as soon as I started at East Surrey, I immediately had the same feeling. I had experienced a bad placement during medical school in Anaesthetics, and despite having really considered the specialty as a career, I was really disheartened and was questioning whether I would be suitable. However, during my time at East Surrey, it has reaffirmed my passion, and allowed me to enjoy the specialty. All the doctors were so kind and welcoming, and the team work with the other healthcare professionals was outstanding, and I have learnt a lot of communication skills which I hope to take onto my career as a doctor. Prior to beginning the elective, I had set four objectives to answer, and this report deals with answering them.

**How does the anaesthetic drug choice and delivery vary between Surrey and other parts of the world with a similar health system? (Particularly Australia where will be completing the rest of my elective)**

In general on this placement, I have observed that anaesthetic drug choice is largely operator dependent, rather than country dependent. Moving between each theatre, each consultant has a slightly different way of administering anaesthetic and even down to intubation. The drug pool to choose from is similar, in that certain drugs are used for an RSI vs normal anaesthesia, and I believe the same to be true in other countries, especially Australia. There is a large overlap between training in Australia and the UK, and therefore I believe their practices are similar. Both countries have access to the same literature and clinical studies and therefore their clinical practice guidelines are set on the same research, causing a similar drug practice.

A difference to note in other countries, and in particular Australia, is that many anaesthetists induce and intubate a patient in the operating theatre, rather than a specific anaesthetic room as in the UK. Reasons for this could include how difficult and potentially hazardous it is transferring an unconscious unmonitored patient, however, having an anaesthetic room can provide a calmer environment for both the patient and the anaesthetist.

Finally, another difference is use of an ODP in both the UK and Australia is quite similar. Australia also use an ODP (or anaesthetic technician) in the same way as the UK, thereby promoting patient safety (as stated by the Australian and New Zealand College of Anaesthetists – ANZCA). Many other countries use a trained nurse, as opposed to a technician to assist, and in some cases the anaesthetic nurse will undertake the induction and intubation.

**Explain the difference in anaesthetic provision in the NHS vs other countries (particularly Australia - Queensland Health Service)**

In the UK, we are fortunate in that the National Health Service (NHS) is the main healthcare provider for operations (and therefore anaesthetics). This kind of healthcare system is quite unique, and not many other countries provide it. Australia (where I will be finishing off the rest of my elective) has a combination of both private health care and a universal public health system (Medicare). Australians can choose whether to have full Medicare cover only or whether to combine the two, with all citizens being eligible for Medicare. Examples of the costs of anaesthesia provision outside of Medicare depend

on a number of factors such as the time taken for the surgery, how complex the surgery is, and the age and general health of the patient. The Australian Society of Anaesthetists state that fees for an anaesthetic at a private hospital are calculated according to a Relative Value Guide which allocates a number of units to a service (based on the above-mentioned factors). The fee is then calculated by the following formula:

**Number of units x unit dollar value**

The unit dollar value is decided by each anaesthetist individually, and therefore there is a huge variation in this figure, so a maximum unit dollar value of \$84 is set. Approximate cost for anaesthesia for an appendicectomy is 10 units, therefore if the anaesthetist is charging the maximum dollar value, total cost will be \$840 (~£460). Each private healthcare insurer has varying degrees of how much they are willing to pay and the difference that a patient will pay. According to WPA, the anaesthetic cost for an appendicectomy in the UK is up to £260 making Australia a more expensive anaesthetic.

**Describe how the current economical environment is affecting the allocation of resources within Anaesthetics in the NHS**

Anaesthetics in the NHS is being indirectly affected by the economic environment. It has been widely publicised that there is a current crisis in the NHS, in particular over winter. Because of this crisis, A&E is becoming full, and in January this year it was decided that all elective non-cancer operations were to be cancelled to enable bed space to be generated for the overflow in A&E. This therefore has an indirect effect on the number of anaesthetics that can be delivered. I observed this first hand on this placement, whereby 2 very simple small elective operations were cancelled due to excessive trauma on the emergency list to allow our theatre to be used to perform some of these cases. However, this cancellation of 2 simple elective operations did not create an adequate time slot for the emergency trauma case to be performed however, the team were expected to accommodate this anyway causing a stretch on the team, overrunning morning lists and overworked staff. One of the staff likened it to the following analogy; if you had a bookcase that was full, and you needed to put on another book, ripping out two pages would not create enough space for the book to be placed on. This analogy fully encompassed the problem that a lot of trusts are currently facing in this current climate and helped me appreciate how much stress the staff are under. Despite this, everyone was in good spirits and were making the most of the situations that arose and ensured that patient care was still outstanding.

**By the end of the placement, hope to have a better understanding of the drugs used for anaesthetics and their side effects, and also have confidence in dealing with a patient who is anaesthetised**

During this placement, I was in the fortunate position whereby I was the only medical student in the department. This allowed me to receive excellent teaching, and majority of the teaching was 1:1. Each doctor was asking me questions about the anaesthetic agents being used, and I felt very comfortable with the teaching style. Also, as I was not in a 'finals revision' state of mind, I felt that my brain was interpreting the teaching in a completely different way, I was not simply trying to memorise but I was trying to learn and apply the knowledge I was being given. I definitely feel I have gained a huge amount of anaesthetic knowledge during the placement.

On one occasion, after having observed a few intubations, one of the doctors asked me if I would like to have a look with the laryngoscope. My immediate reaction was fear, and I declined, and she told me I was going to be doing it anyway. I managed to use the laryngoscope and observe the cords, and the

doctor then proceeded with the intubation. Afterwards, she advised me that I needed to be more confident in my abilities, and she believed I could do it, hence why she encouraged me to do it. After the talk, I realised that I was silly to be turning down such great opportunities, and it enabled me to participate a lot more during the remainder of the placement. It was this particular event which gave me the confidence I had sought for prior to the placement.

Overall, I would thoroughly recommend a placement with the anaesthetics department in East Surrey hospital. It was a very friendly, and hospitable environment, where I was able to fully appreciate what a career in anaesthetics entails.